STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Before the Director of the Department of Insurance and Financial Services

In the matter of:

Michigan Head and Spine Institute
Petitioner **File No. 21-1710**

v

Meemic Insurance Company
Respondent

Issued and entered
this 7th day of February 2022
by Sarah Wohlford
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On November 9, 2021, Michigan Head and Spine Institute (Petitioner) filed with the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Meemic Insurance Company (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment, products, services, or accommodations under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Petitioner's appeal is based on the denial of a bill pursuant to R 500.64(3), which allows a provider to appeal to the Department from the denial of a provider's bill. The Respondent issued the Petitioner a bill denial on October 26, 2021. The Petitioner now seeks reimbursement in the full amount it billed for the dates of service at issue.

The Department accepted the request for an appeal on December 14, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on December 15, 2021 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on January 4, 2022.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report and recommendation to the Department on January 25, 2022.

II. Factual Background

This appeal concerns the denial of payment for chiropractic treatments rendered on July 20, 22, 27, and 29, 2021, and August 3 and 5, 2021, under procedure codes 97012, 97140, and 98940. The procedure codes are described as mechanical traction, manual therapy, and chiropractic manipulative treatment, respectively. In its denial, the Respondent referenced American College of Occupational and Environmental Medicine (ACOEM) and determined that "the medical records do not support this request, as this request exceeds guideline quantity recommendation."

With its appeal request, the Petitioner provided documentation which identified that the injured person was diagnosed with a closed dislocation of the cervical and thoracic spine with myofascial pain following a March 2017 motor vehicle accident. The Petitioner also noted that the injured person demonstrated "reduced cervical range of motion, associated with pain." The Petitioner further noted that the injured person's treatment was necessary with the "goals of decreasing [the injured person's] pain level, while improving range of motion and functional status."

In its reply, the Respondent reaffirmed its position that the treatments at issue were not medically necessary and were overutilized based on ACOEM practice guidelines for "manipulation/mobilization of the cervical and thoracic spine for short-term relief of cervical pain or as a component of an active treatment program focusing on active exercises for acute cervicothoracic pain." Specifically, the Respondent noted:

> Per the provided documentation, "continues with neck and achy upper back, pain and stiffness, worse on left, and difficulty turning neck," were noted. The Chiropractic therapy treatment well exceeds the ACOEM guideline quantity recommendations of up to 12 visits over 6-8 weeks. Opportunity has been given to establish an active exercise program. Based on the records reviewed and in conjunction with ACOEM guideline recommendations, denial of the 7/20/2021, 7/22/2021, 7/27/2021, 7/29/2021, 8/3/2021 and 8/5/2021 chiropractic services, are recommended.

III. Analysis

Director's Review

Under MCL 500.3157a(5), a provider may appeal an insurer's determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal involves a dispute regarding inappropriate treatment and overutilization.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, medical necessity was not supported on the dates of service at issue and the treatment was overutilized in frequency or duration based on medically accepted standards.

The IRO reviewer is a physician who is board-certified in chiropractic medicine. The IRO reviewer has been in active clinical practice for 26 years. In its report, the IRO reviewer referenced R 500.61(i), which defines "medically accepted standards" as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, boards, and associations. The IRO reviewer relied on the American Chiropractic Association's Chiropractic Guidelines and Practice Parameters (CCGPP) Evidence-based Guidelines, American College of Occupational and Environmental Medicine (ACOEM) practice guidelines, Official Disability Guideline (ODG), and medical literature for its recommendation.

The IRO reviewer opined that documentation, as submitted, was not sufficient to support medical necessity for the dates of service at issue. More specifically, the IRO reviewer opined:

> Appropriate practice guidelines and acceptable standards of medical care include properly documenting all aspects of patient contact, care and treatment. This would entail submitting all patient records for review, to include initial patient history and examination, all treatment chart notes, re-evaluations showing progression or regression, testing, or other specialty treatments. The [Petitioner] submitted minimal information for review. No initial history and examination was submitted. The description of the [motor vehicle accident], patient injury from the accident, initial diagnostic testing and all treatment records were missing. Chart notes were incomplete and insufficient to support the services as medically necessary. The treatment on [the dates of service at issue] for this injured person did not follow the most appropriate practice guidelines based on the submitted records, as the [injured person] did not show significant, sustained improvement from the 6 visits under review. Treatment would not be considered medically necessary or the within the most appropriate practice guidelines.

The IRO reviewer further opined that the treatment rendered on the dates of service at issue did not follow the most appropriate practice guidelines and based on the submitted documentation, "it was unknown if the [injured person] complaints were directly related to the [motor vehicle accident] on 3/21/17, over 4 years prior to the treatment under review." The IRO reviewer noted that the treatments rendered were recommended for short-term relief or not recommended at all.

The IRO reviewer stated that "manipulation or mobilization of the cervical, thoracic, and lumbar spine is recommended for short-term relief of chronic pain or is it component of an active treatment program focusing on active exercises for acute exacerbations." Further, the IRO reviewer noted that traction "is not recommended for the treatment of acute, subacute, or chronic low back pain or radicular pain syndromes." The IRO reviewer further opined:

> It appeared that the [injured person] has completed an adequate amount of chiropractic sessions, which exceed the standards of care for this [injured person's] condition. It is expected that the [injured person] would be very well-

> versed in a home exercise program at this time to address any remaining deficits and flare-ups. The documentation does not outline significant objective functional improvement from prior chiropractic services to support the requested appeal. There is no documentation of an attempt and failure of an independent home exercise program alone to address remaining deficits to require continued skilled chiropractic services. As the [injured person] did not provide evidence of significant sustained functional gains from the recent course of chiropractic treatment, or evidence to support exceptional circumstances to require continued care over a home exercise program, the medical necessity of chiropractic treatment, for [the dates of service at issue], is not established.

The IRO reviewer recommended that the Director uphold the Respondent's determination that the chiropractic treatments provided to the injured person on July 20, 22, 27, and 29, 2021, and August 3 and 5, 2021 were not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

IV. ORDER

The Director upholds the Respondent's determination dated October 26, 2021.

This order applies only to the treatment and dates of service discussed herein and may not be relied upon by either party to determine the injured person's eligibility for future treatment or as a basis for action on other treatment or dates of service not addressed in this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox
Director
For the Director:

X Sarah Wohlford

Sarah Wohlford
Special Deputy Director
Signed by: Sarah Wohlford